

Bob Holden
Governor



Jacquelyn D. White
Commissioner

State of Missouri
OFFICE OF ADMINISTRATION
Post Office Box 809
Jefferson City, Missouri 65102
(573) 751-2971
<http://www.oa.state.mo.us/acct/>

James A. Carder
Director
Division of Accounting

TO: State Agencies
FROM: Division of Accounting
DATE: May 2, 2003
RE: Notice of Claim Filed for Unemployment Benefits

The Office of Administration, Division of Accounting is responsible for reimbursing the Division of Employment Security for unemployment claims paid to former state employees. These reimbursements are paid from the state fund(s) the employee was last paid. The general revenue portion of these expenditures has increased from \$1.6 million in FY00 to \$3.2 million in FY03. This increase has occurred during a time of relatively low layoffs in state government.

Prior to the expense being incurred, agencies receive a Notice of Claim Filed For Unemployment Benefits (attached) from the Division of Employment Security for each of your former employees that have filed for benefits. That notice gives your agency ten days to file a protest if the state should not be paying those benefits. One portion of the notice lists wages reported paid by your agency for four calendar quarters. Please ensure that this information is correct. If not, a protest should be filed.

Please ensure that protests are filed by your agency if the former employee:

- a. Quit without good cause attributable to work
- b. Refused to work
- c. Was discharged for misconduct in connection with work

The notice of claim form has space on the back to provide the specific reason(s) for protesting the claim.

From the "Employers' Rights and Responsibilities" booklet published by the Missouri Division of Employment Security, the following information is provided to assist you in determining when an employer protest should be filed:

"When filing a protest, the employer should provide all available facts in regard to the case, including the date the worker was discharged, quit or refused work. This will assure that all facts are considered by the deputy in making the determination. It will also permit the deputy to make a determination without taking up the employer's time to secure a second statement. The following summary outlines the type of facts needed by the Division's deputy:

1. Quit without good cause attributable to work:
 - a. What the former employee said or did to indicate an intention to quit. If an individual simply failed to show up for work, make a statement to that effect giving the date last worked;
 - b. Complaints made by the worker concerning the work, requests for transfer to other work or for leave of absence;
 - c. Any statements by the former worker about the reason for leaving and future plans;
 - d. Failure to report for work when called back after a temporary layoff. Give date the claimant was to report for work;
 - e. Failure to return to work after expiration of authorized leaves – sick leave, vacations, etc. Give date worker failed to return;
 - f. If retirement is pursuant to terms of union contract or established policy of the employer, what were the terms of the retirement agreement.
2. Refusal of work:
 - a. Evidence to show that the work offer was bona fide and was communicated to the individual. How notified – type of work – rate of pay – hours of work – location of job – date to report;
 - b. Reason given by the individual for refusing the offer and the date the job was refused;
 - c. Facts about the individual which would help the claims deputy in deciding whether the individual was justified in refusing.
3. Discharge for misconduct in connection with work:
 - a. All incidents of unsatisfactory conduct which played a part in the disciplinary actions, such as warnings and reprimands – gross negligence – absenteeism – willful inefficiency – dishonesty; (Note: Information furnished to the Division is privileged under the law and not libelous.)
 - b. What was said to the former employee and what the employee said or did;
 - c. The date employee was discharged.

4. Layoff for lack of work:

You should not protest a claim based on a separation for this reason.

5. Ability to work and availability for work:

One of the chief provisions in the law which distinguishes unemployment insurance from a dole is that for each week of unemployment for which benefits are paid, the claims deputy must find that the claimant is able to work, available for work and actively and earnestly seeking work. The requirement of making an active and earnest search for work may be waived for those individuals who are unemployed through no fault of their own and have a definite recall date within eight weeks of the first day of their unemployment. Claimants are required to register as job applicants and are thereby exposed to job orders which employers file."

If you should require more information or clarification, please contact the Division of Employment Security regional claims center listed on the first page of the notice.

JD:tv/oper/noticeofclaimfiledforunemploymentbenefits

Attachments

Missouri D. E. S.

FORMS SUPPLEMENT

CLAIMS MANUAL

10-29-99

FORM MODES-2293, NOTICE TO BASE PERIOD EMPLOYER OF CLAIM FILED
FOR UNEMPLOYMENT BENEFITS

FACSIMILE OF FACE OF FORM MODES-2293 (08-99), NOTICE TO BASE PERIOD
EMPLOYER OF CLAIM FILED FOR UNEMPLOYMENT BENEFITS.

MODES-2293 (08-99) MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
U.I.Prg
DES-BIC113A (08-99) DIVISION OF EMPLOYMENT SECURITY

NOTICE TO BASE PERIOD EMPLOYER OF CLAIM FILED FOR UNEMPLOYMENT BENEFITS

DATE OF MAILING 08-24-99

EMPLOYER

BEN

DIRECT INQUIRIES OR PROTEST TO:

MO DIV OF EMPLOYMENT SECURITY
P O BOX 50025
SPRINGFIELD MO 65805
FAX (417) 895-7300

CLAIMANT NAME:

SOCIAL SECURITY NO:

CLAIM EFFECTIVE DATE: 08-22-99

The claimant named above has filed a claim for unemployment benefits. Our records show you reported paying wages to the claimant during the base period of the claim. The wages for each calendar quarter that our records show you reported are as follows: \$0.00 qtr 2/98, \$121.50 qtr 3/98, \$1235.30 qtr 4/98, \$946.35 qtr 1/99. Your account may be subject to charge for benefits paid. You can identify the claimant by checking the social security number against your payroll records. If the claimant name on this notice does not match your records, it may be because the name changed or the spelling is different.

If you have information which you believe may justify the denial of benefits, it must be reported in writing to the office shown above not later than 09-03-99. If you send your protest by fax, it must be received by midnight central time on the last date mentioned above, or it will be considered late. You may use the reverse of this form for filing your protest.

If a protest is made, include your Missouri employer account number, claimant name, social security number, type of work, rate of pay, last day worked, and specific reason for separation from work. Lack of work is not a reason to deny benefits. A quit, discharge, labor dispute or payment such as holiday or vacation, or pension are some reasons to file a protest. You may be asked to furnish additional statements after the claimant is interviewed.

If your only objection to this notice is that the amount of the wages reported above is wrong, instead of sending the protest to the office above, send it to: Mo Div of Employment Security, P O Box 59, Jefferson City Mo 65104, Attn: Benefits, no later than 09-03-99. Include documentation of the correct amount. If no objection to the wages used on the claim is made by that date, the determination of benefit amount will be final.

--over--

Missouri D. E. S.

FORMS SUPPLEMENT

CLAIMS MANUAL

10-29-99

FORM MODES-2293, NOTICE TO BASE PERIOD EMPLOYER OF CLAIM FILED
FOR UNEMPLOYMENT BENEFITS

FACSIMILE OF REVERSE OF FORM MODES-2293, NOTICE TO BASE PERIOD EMPLOYER
OF CLAIM FILED FOR UNEMPLOYMENT BENEFITS.

MODES-2293-2
EMPLOYER .

CLAIMANT:
SOC SEC NO:

If you have work available for this claimant, you may offer it by contacting the office shown on the reverse side.

You may ask to be notified if the claim is renewed later. Any request for a subsequent notice must be in writing to the office.

If you want, you may file your protest in the space below and return it to the office shown on the reverse side. IF YOU FILE YOUR PROTEST BY FAX, IT IS NOT NECESSARY TO MAIL A CONFIRMATION (OR SECOND) COPY.

Please provide the name of the person to contact for additional information.

PRINT NAME AND TITLE

() PHONE NUMBER

Type of work claimant performed:

Rate of Pay:

Date claimant last worked:

Specific reason for protesting:

DIVISION USE ONLY

Missouri D. E. S.

FORMS SUPPLEMENT

CLAIMS MANUAL

10-29-99

FORM MODES-3713, NOTICE OF RENEWAL OF CLAIM FOR UNEMPLOYMENT BENEFITS

FACSIMILE OF FACE OF FORM MODES-3713 (08-99), NOTICE OF RENEWAL OF CLAIM FOR UNEMPLOYMENT BENEFITS.

MODES-3713 (08-99) MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
U.I.Prg
DES-BIC113C (08-99) **DIVISION OF EMPLOYMENT SECURITY**

NOTICE OF RENEWAL OF CLAIM FOR UNEMPLOYMENT BENEFITS

DATE OF MAILING 08-24-99

EMPLOYER

BEN

DIRECT INQUIRIES OR PROTEST TO:

MO DIV OF EMPLOYMENT SECURITY
P O BOX 50025
SPRINGFIELD MO 65805
FAX (417) 895-7300

CLAIMANT NAME:

SOCIAL SECURITY NO.

RENEWAL EFFECTIVE DATE: 08-22-99

The claimant named above has renewed a claim for unemployment benefits. If you are a Missouri employer and you paid wages to the claimant during the base period of the claim, your account may be subject to charge for benefits paid. You can identify the claimant by checking the social security number against your payroll records. If the claimant name on this notice does not match your records, it may be because the name changed or the spelling is different.

Benefits will be paid if the claimant is eligible and not disqualified. If you have information which you believe may justify the denial of benefits, it must be reported in writing to the office shown above not later than 09-03-99. If you send your protest by fax, it must be received by midnight central time on the last date mentioned above, or it will be considered late. You may use the reverse of this form for filing your protest.

If a protest is made, include your Missouri employer account number (if any), claimant name, social security number, type of work, rate of pay, last day worked and specific reason for separation from work. Lack of work is not a reason to deny benefits. A quit, discharge, labor dispute or payment such as holiday or vacation, or pension are some reasons to file a protest. You may be asked to furnish additional statements after the claimant is interviewed.

--over--

Missouri D. E. S.

FORMS SUPPLEMENT

CLAIMS MANUAL

10-29-99

FORM MODES-3713, NOTICE OF RENEWAL OF CLAIM FOR UNEMPLOYMENT BENEFITS

FACSIMILE OF REVERSE OF FORM MODES-3713, NOTICE OF RENEWAL OF CLAIM
FOR UNEMPLOYMENT BENEFITS.MODES-3713-2
EMPLOYERCLAIMANT:
SOC SEC NO:

If you have work available for this claimant, you may offer it by contacting the office shown on the reverse side.

You may ask to be notified if the claim is renewed later. Any request for a subsequent notice must be in writing to the office.

If you want, you may file your protest in the space below and return it to the office shown on the reverse side. IF YOU FILE YOUR PROTEST BY FAX, IT IS NOT NECESSARY TO MAIL A CONFIRMATION (OR SECOND) COPY.

Please provide the name of the person to contact for additional information.

PRINT NAME AND TITLE

(_____) _____

PHONE NUMBER

Type of work claimant performed:

Rate of Pay:

Date claimant last worked:

Specific reason for protesting:

DIVISION USE ONLY

Missouri D. E. S.

FORMS SUPPLEMENT

CLAIMS MANUAL

10-29-99

FORM MODES-3714, NOTICE TO LAST EMPLOYER OF CLAIM FILED FOR
UNEMPLOYMENT BENEFITS

FACSIMILE OF FACE OF FORM MODES-3714 (08-99), NOTICE TO LAST EMPLOYER OF
CLAIM FILED FOR UNEMPLOYMENT BENEFITS.

MODES-3714 (08-99) MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
U.I. Prg
DES-BIC1135-(08-99) **DIVISION OF EMPLOYMENT SECURITY**

NOTICE TO LAST EMPLOYER OF CLAIM FILED FOR UNEMPLOYMENT BENEFITS

DATE OF MAILING 08-24-99

EMPLOYER

REN

DIRECT INQUIRIES OR PROTEST TO:

MO DIV OF EMPLOYMENT SECURITY
P O BOX 50025
SPRINGFIELD MO 65805
FAX (417) 895-7300

CLAIMANT NAME:

SOCIAL SECURITY NO.

CLAIM EFFECTIVE DATE: 08-22-99

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--over--

Missouri D. E. S.

FORMS SUPPLEMENT

CLAIMS MANUAL

10-29-99

FORM MODES-3714, NOTICE TO LAST EMPLOYER OF CLAIM FILED FOR
UNEMPLOYMENT BENEFITS

FACSIMILE OF REVERSE OF FORM MODES-3714, NOTICE TO LAST EMPLOYER OF
CLAIM FILED FOR UNEMPLOYMENT BENEFITS.

MODES-3714-2
EMPLOYER

CLAIMANT:
SOC SEC NO:

If you have work available for this claimant, you may offer it by contacting
the office shown on the reverse side.

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request for a subsequent notice must be in writing to the office.

If you want, you may file your protest in the space below and return it
to the office shown on the reverse side. IF YOU FILE YOUR PROTEST BY FAX,
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Please provide the name of the person to contact for additional information.

PRINT NAME AND TITLE

()

PHONE NUMBER

Type of work claimant performed:

Rate of Pay:

Date claimant last worked:

Specific reason for protesting:

DIVISION USE ONLY